

HOME HEMODIALYSIS PROGRAMS

The training facility must be CMS certified as a Home Hemodialysis Program by the Office of Health Care Quality.

In order for a facility to be able to offer this OHCQ approved treatment modality, and to be eligible for reimbursement from the KDP, the facility/center must comply with the below stated Commission regulations and interpretive guidelines:

COMAR 10.30.02.05 and 10.30.01.08 addresses home dialysis programs.

COMAR 10.30.04.03 addresses water standards for dialysis facilities these standards shall also apply to home hemodialysis patients including all AAMI standards.

Federal Regulations V450 – V462 (adopted as Commission Regulations) address home dialysis patients.

The home hemodialysis patient and his/her spouse or dialysis helper need to be interviewed by the nephrologist, social worker, and home dialysis nurse before training to assure that this modality is fully understood by all parties without any evidence of psychological coercion.

The patient can not dialyze alone, but must ALWAYS have a trained partner or spouse present during treatment. Patients and their partners must "pass" written and practical tests in- center, under staff supervision and observation, before they can be allowed to dialyze alone at home. Average training time required, may vary but on average will be 8-12 weeks.

Dietary and social work services must be available and documented for the home hemodialysis patients.

The patient's residence must be physically inspected by the home hemodialysis program. Appropriate plumbing, electrical or space modifications must be completed before the patient can dialyze at home. Supplies, machinery, and preventive maintenance and repair are the facility's responsibility.

A communication system must be established with the facility in the case of unexpected medical emergencies either during or between home treatments, including when the facility is physically "closed".

Documentation of the home hemodialysis patients' training must be maintained in the medical record.

The home hemodialysis program shall review and maintain the patients' treatment records.

The treating nephrologist or nephrologist designee must be continuously available to treat or hospitalize the patient, if necessary, due to complications.

The dialysis facility must be able to accommodate the patient should he/she become too ill to dialyze at home; in the event of mechanical failures or supply shortages; changes in the partner's health or mental status; or there is a request, orally or in writing, by the patient or partner to return to facility dialysis.

An AAMI chemical analysis, water cultures and dialysate cultures of the patient's water treatment system must be obtained prior to the patient initiating hemodialysis at home.

The home hemodialysis patients' water quality shall be monitored by the training facility:

- Monthly dialysate cultures
- Monthly water cultures
- At least annual AAMI chemical sampling
- RO operational logs
- Pre treatment chlorine/chloramine logs/documentation
- Disinfect records for the RO and dialysis machine

The treating nephrologist or a nephrologist designee must be available to evaluate the ongoing appropriateness of home dialysis for a given patient on a monthly basis. Physician office visits should be scheduled so that the patient is physically evaluated at least monthly. **Periodic home visits must be completed by the home training RN to evaluate and document the patient's continued suitability for home dialysis.**

The facility Medical Director should review the home patient's progress and laboratory data at least quarterly to assure that the patient's treatments and follow-up by the facility are being appropriately provided. This includes a review of any incident reports, social work or nursing notes, patient hospitalizations or facility treatments, or comments provided by the patient or his treating partner. **This review should be part of the facility's QA meetings and fully documented as though the patient is being treated at the facility.**

***Facilities considering providing and/or presently providing home hemodialysis services must follow these regulations.**